

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	FO NO.	DATE
FEE DETERMINATION	ad		9-2-01
O.I.P.E. CLASSIFIER		27	5-9-01
FORMALITY REVIEW	TC	10440	05/17/01
RESPONSE FORMALITY REVIEW	TC	947	10/17/01

# INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 = \_\_\_\_\_ Allowed  
 - (Through numeral) \_\_\_\_\_ Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
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47		47		47	
48		48		48	
49		49		49	
50		50		50	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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m5  
 4/10/01  
 10/10/01  
 10/10/01